, abbucerion of Docker Million	<b>Application</b>	or Docket	Number
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## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		00	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS 21						]	_		OR 7			
TOTAL CLAIMS			$a_{I}$					RATE	FEE	┧.	RATE	FEE
FOR			NUMBER	NUMBER FILED		BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
т	OTAL CHARGE	ABLE CLAIMS	2/mir	nus 20=	*	/		X\$ 9=		OR	X\$18=	18
INDEPENDENT CLAIMS 2 minus 3 = *						X43=		OR	X86=			
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	788	
	C	LAIMS AS A	MENDED	- PAR	T II					•	OTHER	THAN
		(Column 1)		(Colun	nn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	CL AIM	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= OR +290=												
TOTAL OR ADDIT. FEE												
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE												
	·	CLAIMS		HIGH	EST		lΓ		ADDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43= ·		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
٠	+145= OR +290=											•
						•	. A	TOTAL DDIT. FEE		OR.	TOTAL ADDIT. FEE	f
(Column 1) (Column 2) (Column 3)											·	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***	·	=	ı	X43=		OR	X86=	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM		<b> </b> -		·	٠۱		:
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
	f the "Highest Nur	nber Previously Pa	id For IN THIS	SPACE is	less than	20, enter "20."	AI	DOIT. FEE		OR ,	TOTAL ODIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												